

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthar  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
7/15/96

96 AUG 27 PM 4:17

**DOCUMENT # P95000041730 (9)**  
1. Corporation Name

**CHEMINOVA INTERNATIONAL, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>6073 NW 167TH ST UNIT C-20 MIAMI FL 33015</b>		Mailing Address <b>6073 NW 167TH ST UNIT C-20 MIAMI FL 33015</b>		3. Date Incorporated or Qualified <b>05/26/1995</b>	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21. Suite Apt #, etc	26. Suite, Apt #, etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	

9. Name and Address of Current Registered Agent <del>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</del>		10. Name and Address of New Registered Agent	
		81. Name <b>M.A. Martin &amp; Associates, P.A.</b>	
		82. Street Address (P.O. Box Number is Not Acceptable) <b>848 Brickell Avenue, Suite 830</b>	
		83.	
		84. City <b>Miami</b>	85. Zip Code <b>FL 33131</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.15087 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  
*8/23/96*

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: *8/23/96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTA, ALY S</b>	1.2 NAME	
STREET ADDRESS	<b>6073 NW 167TH ST UNIT C-20</b>	1.3 STREET ADDRESS	<b>200001936382</b>
CITY - ST - ZIP	<b>MIAMI FL 33015</b>	1.4 CITY - ST - ZIP	<b>-08/30/96--01011--011</b>
TITLE	<b>D</b>	1.5 CITY - ST - ZIP	<b>****225.00 ****225.00</b>
NAME	<b>MALOUF, ROBERT</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>6073 NW 167TH ST UNIT C-20</b>	2.2 NAME	
CITY - ST - ZIP	<b>MIAMI FL 33015</b>	2.3 STREET ADDRESS	
TITLE		2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY - ST - ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Robert Malouf Date: *8/23/96* (305) 373 7633  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)